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1444 7590 11/30/2009				have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.		
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						(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/510,278 06/15/2005		Benoit Coenraets		COENRAETS=10 7553		
TITLE OF INVENTION: D	OOOR ASSEMBLY					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE	FEE TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	03/01/2010
EXAMIN	ER	ART UNIT	CLASS-SUBCLASS	7		
PUROL, DA	VID M	3634	160-013000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. The Address form PTO/SB/122) attached. The Address is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE DYNACO INTERNATIONAL S.A. MOORSEL, BELGIUM Please check the appropriate assignee category or categories (will not be printed on the patent): Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies The Address (or Change of Correspondence address) or agents of a gents of R alternatively, and a single firm (having as a member a registered patent attorneys or agents) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. (B) RESIDENCE: (CITY and STATE OR COUNTRY) MOORSEL, BELGIUM Please check the appropriate assignee category or categories (will not be printed on the patent): Advance Order - # of Copies Advance Order - # of Copies Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4035 (enclose an extra copy of this form overpayment, to Deposit Account Number 02-4035 (enclose an extra copy of this form overpayment, to Deposit Account Number 02-4035)						oup entity Government shown above)
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).						
NOTE: The Issue Fee and I interest as shown by the rec				the applicant; a regi	stered attorney or agent; or t	he assignee or other party in
Authorized Signature	Alleh	Vimer	L	_{Date} Mar	ch 1, 2010	
Typed or printed name _	Sheridan	Neimark		Registration N	20,520	
an application. Confidentia submitting the completed a this form and/or suggestion Box 1450, Alexandria, Viry Alexandria, Virginia 22313	lity is governed by 35 upplication form to the is for reducing this burginia 22313-1450. DC i-1450.	U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR	1.14. This collection is e depending upon the ind e Chief Information Offi COMPLETED FORMS	stimated to take 12 r ividual case. Any co cer, U.S. Patent and ' TO THIS ADDRESS	mments on the amount of ti Trademark Office, U.S. Dep	ng gathering, preparing, and me you require to complete partment of Commerce, P.O. for Patents, P.O. Box 1450,